

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

of Massachusetts	File with 2 and of flow Clerk of Election Commission			
Fill in Reporting Period dates: Beginning Date: 8/29/				
Type of Report: (Check one)	Control 1911			
	30 day after election year-end report dissolution			
	2:			
C. P. L. P. H. Marra (Generalizable)	Fair Referendum Committee Committee Name			
Candidate Full Name (if applicable)	Albert Norman			
Office Sought and District	Name of Committee Treasurer			
	21 Grinnell Street, Greenfield			
Residential Address	Committee Mailing Address			
E-mail:	E-mail:alnormaneldercare@gmail.com			
Phone # (optional):	Phone # (optional): 413-834-4284			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	0			
Line 2: Total receipts this period (page 3, line 11)	1,132.00			
Line 3: Subtotal (line 1 plus line 2)	1,132.00			
Line 4: Total expenditures this period (page 5, lin	e 14) 729.07			
Line 5: Ending Balance (line 3 minus line 4)	402.93			
Line 6: Total in-kind contributions this period (pa	ge 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: Greenfield Savings E	Bank			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Date: 0 26 21				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)			
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions,			
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.				

(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report an receipts.	Please include your committee name and a pa	-5	Occupation & Employer	
Name and Residential Address		Amount	(for contributions of \$200 or more)	
Date Received	(alphabetical listing required)	Amount	(101 CONCINEUTIONS OF \$200 OF MOTO)	
10/4/21	Brickett Allis 300 Wells Street Greenfield, MA	199		
9/1/21	Albert Norman 21 Grinnell Street Greenfield, MA	199		
9/3/21	Patricia Perry 171 High Street Greenfield, MA	100		
9/2/21	Alfred and Mary Siano 10 Meadow Wood Drive Greenfield, MA	199		
9/1/21	Russell and Sandra Thomas 38 Orchard Street Greenfield, MA	100	n	
9/1/21	Thomas and Janet Tolg 12 Walnut Street Greenfield, MA	100		
20				
Line 9: Total Receipts over \$50 (or listed above)		897.00		
Line 10: Total Receipts \$50 and under* (not listed above)		235.00		
	RECEIPTS IN THE PERIOD	1,132.00	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address te Received (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
Date Received	(alphabetean intering equation)			
		<u></u>		
Line O. Tet 1 D	050 (1'1-1)			
Line 9: Total Recei	pts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)				
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
* If you have itemized	receipts of \$50 and under include them in line	0 Line 10 shoul	d include only those receipts not itemized above	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)				
	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9/3/21	Capitol Promotions	2362 Oakdale Street Glenside, PA 19038	Lawn Signs	354.00
10/4/21	Collective Copies	71 S Pleasant Street Amherst, MA01002	Campaign Fliers	375.07
			9	
	×			
			77	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	729.07
		Line 13: Total Expenditures \$50	and under* (not listed above)	О
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD * If you have itemized award ityres of \$50 and under include them in line 12. Line 13 should include only these award ityres.			729.07	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		(1)		
]				
	Line 12: Expenditures over \$50 (or listed above)			
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	W 5			
		ik.		
			Ý	
	19	Line 15: In-Kind Contributions over \$50 (or listed above)		0
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	→ Line 17: TOTAL IN-KIND CONTRIBUTIONS 0		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			